BEST AVAILABLE COPY

PATENT APPLICATION FEE DETERMINATION RECORD

Effective November 10, 1998

09/252034

FOR NUMBER FILED NUMBER EXTRA BASIC FEE TOTAL CLAIMS	mn 2) TYPE OR SMALL ENTITY	RTI	LED - PA	AIMS AS	CL				
BASIC FEE 380.00									
NOTAL CLAIMS	RATE FEE RATE FEE	NUMBER EXTRA		NUMBE)R 	FO		
INDEPENDENT CLAIMS	380.00 OR 760.00					SIC FEE	BA		
MULTIPLE DEPENDENT CLAIM PRESENT * If the difference in column 1 is less than zero, enter "0" in column 2 * If the difference in column 1 is less than zero, enter "0" in column 2 * CLAIMS AS AMENDED - PART II (Column 1) * CLAIMS REMAINING RE	X\$ 9= OR X\$18=	* /	minus 20=	. /		TAL CLAIMS	TO		
* If the difference in column 1 is less than zero, enter "0" in column 2 * If the difference in column 1 is less than zero, enter "0" in column 2 * If the difference in column 1 is less than zero, enter "0" in column 2 * CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) * CLAIMS REMAINING REMAINING REMAINING AFTER AMENDMENT PAID FOR PRESENT EXTRA PAID FOR PRESENT TIONAL FEE * Total * Minus *** = * FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM* * Independent * Minus *** = * Independent *	X39= OR X78= —	*	minus 3 =		LAIMS	EPENDENT CL	IND		
* If the difference in column 1 is less than zero, enter "0" in column 2 **CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) **CLAIMS REMAINING REMAINING AMENDMENT Total **Minus **** FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM **Independent ** ** **Independent ** ** ** ** ** ** ** ** ** **	+130= OR +260= —	IPLE DEPENDENT CLAIM PRESENT					MU		
Column 1 Column 2 Column 3	olumn 2 TOTAL OR TOTAL 760	enter "0" in c	than zero,	lumn 1 is le	in co	the difference	* If		
Column 1 Column 2 Column 3	OTHER THAN	'ART II	NDED -	MS AS AI	LAIN	CI			
REMAINING	(Column 3) SMALL ENTITY OR SMALL ENTITY								
(Column 1) (Column 2) (Column 3)	PRESENT RATE TIONAL RATE TIONAL	NUMBER REVIOUSLY	F	MAINING AFTER	REI		ENTA		
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+130= OR +260=					ENTATI		₹		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.	- X39= OR X516= OR X316= OR X3	DENT CLAIM	PLE DEPEN	ION OF MU		FIRST PRESE	لــــــــــــــــــــــــــــــــــــــ		